



Psychosocial Treatment of Disaster Related Mental Health Problems

Practitioners should remember that in the immediate aftermath of a major disaster, most disaster survivors (including children and disaster rescue or relief workers) experience common stress reactions after a traumatic event. For most, fear, anxiety, re-experiencing, efforts to avoid reminders, and arousal symptoms, if present, will gradually decrease over time. The expected psychological outcome is recovery, not psychopathology.

Recommended interventions for individuals experiencing normal stress reactions

Early intervention for common disaster related stress involves normalizing the survivors' reactions through education and social support. Learning that these problems are shared by hundreds of thousands of survivors of trauma can help people with PTSD recognize that they're not alone, weak, or "crazy." In many cases survivors can be given written material (see Reactions to a Major Disaster: A Fact Sheet for Survivors and Their Families). In other cases you may want to have an informal discussion with the survivor about common reactions.

A second approach is to encourage survivors to use natural supports and talk with friends, family, and coworkers. When survivors are able to talk about their problems with others, something helpful often results. Through the process of seeking support from other trauma survivors, the survivor may come to feel less alone, feel supported or understood, or he or she may receive concrete help with a problem situation.

A final approach is to try and increase their coping in the immediate aftermath. It can be helpful to review both positive and maladaptive coping strategies with survivors. Below is a list of coping strategies.

Positive coping actions: are those which help to reduce anxiety, lessen other distressing reactions, and improve the situation, in ways that do not harm the survivor further and that improve the situation. Some positive coping actions include:

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| • ☐ Relaxation methods (muscular relaxation, deep breathing, meditation) | • ☐ Scheduling pleasant activities |
| • ☐ Exercise in moderation. | • ☐ Eating healthy meals |
| • ☐ Talking to another person for support | • ☐ Taking breaks |
| • ☐ Getting adequate rest | • ☐ Spending time with others |
| • ☐ Positive distracting activities | • ☐ Keeping a journal |
| • ☐ Trying to maintain a normal schedule (if appropriate) | • ☐ Participating in a support group |
| | • ☐ Seeking counseling |

Maladaptive coping actions help to perpetuate problems. They may reduce anxiety immediately, but “short-circuit” more permanent change. Actions that may be immediately effective but cause later problems can become difficult to change. Some negative coping actions include:

- ☐ Use of alcohol or drugs to cope
- ☐ Social isolation and withdrawal
- ☐ Extreme avoidance of thinking or talking about the event
- ☐ “Workaholism”
- ☐ Anger or violence

Recommended interventions for individuals experiencing severe stress reactions

Although most individuals with stress reactions will improve without treatment, others will develop psychiatric disorders. By far the most common new onset disorders are acute stress reactions and posttraumatic stress disorder. The second most common disorder is depression followed by anxiety disorders in general (For a list of risk factors see: Mental Health Reactions After Disaster: A Fact Sheet for Providers).

Cognitive-Behavioral Therapy (CBT) has been shown to be the most effective treatment for PTSD. There are several types of CBT:

Cognitive Behavioral Therapy

- ☐ **Exposure therapy** uses careful, repeated, detailed imagining of the trauma (exposure) in a safe, controlled environment, to help the survivor face and gain control of the fear and distress that was overwhelming in the trauma.
- ☐ **Cognitive Restructuring** is an approach in which the survivors identify and examine upsetting thoughts about the trauma, challenge those thoughts, and replace them with more balance and accurate ones.
- ☐ **Stress Inoculation** Training reduces symptoms through anxiety reduction techniques, teaches coping skills, and attempts to correct inaccurate thoughts related to the trauma.

Medication can reduce PTSD symptoms as well as the anxiety, depression, and insomnia you often experience with PTSD. Several kinds of medication have been tested and shown to cause improvement in symptoms, and some others have shown promise. Medication can help relieve distressing symptoms and make it possible for survivors to participate in other types of talk therapy that have been shown to be effective. For more information on pharmacotherapy see: Pharmacological Treatment of Acute Stress Reactions and PTSD: A Fact Sheet for Providers.